

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

00360R000600010175-2

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms | QUANTITY | UNIT PRICE | | AMOUNT | |
|-----------------------|-----------------------------|---|----------|------------|-----|---------|------|
| | | | | Cost | Per | Dollars | Cts. |
| | | Cost | | | | 696.00 | |

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 696.00

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences _____

Date 2/13/58 *Payee

(Not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Amount verified; correct for

(Signature or initials)

696.00

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____, Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, and the name of the person signing must be given, as "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010175-2

Public Voucher for Purchases and Services Other Than Personal

MEMOR

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 1 of Bureau Voucher No. 2031

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT | |
|-----------------------|-----------------------------|---|---------------|------------|-----|---------|-----------|
| | | | | Cost | Per | Dollars | Cts. |
| | | Contract <u>A-101</u> Costs applicable to All Systems | | | | | |
| | | Direct Costs Properly Chargeable to Contract <u>A-101</u> for Week Ending 2/9/58 | | | | | |
| | | STATINTL | | | | | |
| | | Research & Development | | | | | |
| | | | | | | | Total |
| | | Labor for Week Ending February 9, 1958 | | | | | |
| | | Overhead computed for Communications Division at interim rates as follows: | | | | | |
| | | Research & Development - [REDACTED] | | | | | |
| | | Total Labor and Overhead | | | | | |
| | | G & A expense computed at interim rate of [REDACTED] | | | | | |
| | | Total Costs | | | | | \$ 696.00 |
| | | STATINTL | | | | | |